

# Annual Report - Independent Living Services For Older Individuals Who Are Blind

## RSA-7-OB for California Department of Rehabilitation - H177B140005 report through September 30, 2014

### Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	3,350,574
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	0
Other federal grant carryover from previous year	0
A. Funding Sources for Expenditures in Reported FY	
A1. Title VII-Chapter 2	3,279,751
A2. Total other federal	8,000

(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	8,000
A3. State (excluding in-kind)	12,137
A4. Third party	0
A5. In-kind	352,280
A6. Total Matching Funds	364,417
A7. Total All Funds Expended	3,652,168

B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	1,295,273
C. Total expenditures and encumbrances for direct program services	2,356,895

## Part II: Staffing

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

### A. Full-time Equivalent (FTE)

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
1. FTE State Agency	2.0000	0.0000	2.0000
2. FTE Contractors	16.2600	52.6900	68.9500
3. Total FTE	18.2600	52.6900	70.9500

**B. Employed or advanced in employment**

	<b>a) Number employed</b>	<b>b) FTE</b>
1. Employees with Disabilities	31	15.5300
2. Employees with Blindness Age 55 and Older	22	10.0900
3. Employees who are Racial/Ethnic Minorities	66	36.7400
4. Employees who are Women	128	67.6400
5. Employees Age 55 and Older	66	38.9900

**C. Volunteers**

C1. FTE program volunteers (number of volunteer hours divided by 2080) 24.00

### Part III: Data on Individuals Served

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

#### A. Individuals Served

1. Number of individuals who began receiving services in the previous FY and continued to receive services in the reported FY	2,510
2. Number of individuals who began receiving services in the reported FY	4,043
3. Total individuals served during the reported fiscal year (A1 + A2)	6,553

**B. Age**

1. 55-59	575
2. 60-64	770
3. 65-69	736
4. 70-74	678
5. 75-79	770
6. 80-84	890
7. 85-89	1,008
8. 90-94	855
9. 95-99	239



10. 100 & over	32
11. Total (must agree with A3)	6,553

**C. Gender**

1. Female	4,441
2. Male	2,112
3. Total (must agree with A3)	6,553

#### D. Race/Ethnicity

1. Hispanic/Latino of any race	932For individuals who are non-Hispanic/Latino only
2. American Indian or Alaska Native	34
3. Asian	453
4. Black or African American	511
5. Native Hawaiian or Other Pacific Islander	28
6. White	4,345
7. Two or more races	89
8. Race and ethnicity unknown (only if consumer refuses to identify)	161
9. Total (must agree with A3)	6,553

### **E. Degree of Visual Impairment**

1. Totally Blind (LP only or NLP)	406
2. Legally Blind (excluding totally blind)	2,889
3. Severe Visual Impairment	3,258
4. Total (must agree with A3)	6,553

## F. Major Cause of Visual Impairment

1. Macular Degeneration	2,648
2. Diabetic Retinopathy	560
3. Glaucoma	1,013
4. Cataracts	328
5. Other	2,004
6. Total (must agree with A3)	6,553

### **G. Other Age-Related Impairments**

1. Hearing Impairment	1,062
2. Diabetes	1,257
3. Cardiovascular Disease and Strokes	1,518
4. Cancer	257
5. Bone, Muscle, Skin, Joint, and Movement Disorders	1,254
6. Alzheimer's Disease/Cognitive Impairment	196
7. Depression/Mood Disorder	302
8. Other Major Geriatric Concerns	1,522

## H. Type of Residence

1. Private residence (house or apartment)	5,085
2. Senior Living/Retirement Community	1,138
3. Assisted Living Facility	183
4. Nursing Home/Long-term Care facility	120
5. Homeless	27
6. Total (must agree with A3)	6,553

## **I. Source of Referral**

1. Eye care provider (ophthalmologist, optometrist)	1,735
2. Physician/medical provider	301
3. State VR agency	308
4. Government or Social Service Agency	430
5. Veterans Administration	56
6. Senior Center	1,048
7. Assisted Living Facility	23
8. Nursing Home/Long-term Care facility	75
9. Faith-based organization	52



10. Independent Living center	66
11. Family member or friend	860
12. Self-referral	984
13. Other	615
14. Total (must agree with A3)	6,553

## Part IV: Types of Services Provided and Resources Allocated

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

### A. Clinical/functional vision assessments and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	219,740	
1b. Total Cost from other funds	457	
2. Vision screening / vision examination / low vision evaluation		1,630
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		420

**B. Assistive technology devices and services**

	<b>Cost</b>	<b>Persons Served</b>
1a. Total Cost from VII-2 funds	473,629	
1b. Total Cost from other funds	1,776	
2. Provision of assistive technology devices and aids		1,600
3. Provision of assistive technology services		1,731

**C. Independent living and adjustment training and services**

	<b>Cost</b>	<b>Persons Served</b>
1a. Total Cost from VII-2 funds	1,297,027	
1b. Total Cost from other funds	4,132	
2. Orientation and Mobility training		1,006
3. Communication skills		1,042
4. Daily living skills		1,856
5. Supportive services (reader services, transportation, personal		2,319
6. Advocacy training and support networks		762
7. Counseling (peer, individual and group)		1,658

8. Information, referral and community integration		2,239
. Other IL services		1,429

**D. Community Awareness: Events & Activities**

	<b>Cost</b>	<b>a. Events / Activities</b>	<b>b. Persons Served</b>
1a. Total Cost from VII-2 funds	359,193		
1b. Total Cost from other funds	941		
2. Information and Referral			2,113
3. Community Awareness: Events/Activities		550	40,477

## Part V: Comparison of Prior Year Activities to Current Reported Year

### A. Activity

	a) Prior Year	b) Reported FY	c) Change ( + / - )
1. Program Cost (all sources)	3,673,248	3,663,002	-10,246
2. Number of Individuals Served	6,228	6,553	325
3. Number of Minority Individuals Served	2,010	2,047	37
4. Number of Community Awareness Activities	698	550	-148
5. Number of Collaborating agencies and organizations	0	0	0
6. Number of Sub-grantees	17	16	

## Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	1,731	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	1,592	91.97%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	408	23.57%
B1. Number of individuals who received orientation and mobility (O & M) services	1,006	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	484	48.11%



B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	240	23.86%
C1. Number of individuals who received communication skills training	1,042	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	757	72.65%
C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	224	21.50%
D1. Number of individuals who received daily living skills training	1,856	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	1,367	73.65%
D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	400	21.55%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive	3,966	n/a

cases only)		
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	28	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	269	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	225	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	42	n/a

## **Part VII: Training and Technical Assistance Needs**

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

The program is implemented through sub-grant agreements with private, nonprofit community-based organizations that have expertise in providing effective services to individuals who are blind or visually impaired. Therefore, the training and/or technical needs at our level as the State agency that distributes grant monies to local provider agencies falls along the lines of ensuring consistency and accuracy of provider consumer performance data. The instructions relating to a few of the sections of the 7-OB report are not perfectly clear, and we have provider agencies that collect and report data in different manners for these sections (i.e. Part II, A2, A3, B1-B5; Part VI). If RSA were to provide training and instruction to all OIB provider states and territories on these topics, it would likely increase the consistency and quality of the annual statistics.

## **Part VIII: Narrative**

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

### **Implementation**

The Department of Rehabilitation (DOR) provides comprehensive independent living services (ILS) to individuals age 55 years and older throughout California. The DOR, through its 16 sub-grantees, provides the majority of its services in the consumer's everyday surroundings, whether it be home or community-based settings.

The program is implemented through sub-grant agreements with 16 private, nonprofit community-based organizations that have expertise in providing effective services to individuals who are blind or visually impaired. The grant is advertised statewide and opened to application by eligible nonprofit agencies providing core ILS training in home and community settings. For purposes of providing Title VII, Chapter 2 services throughout the state, DOR has historically divided the state into 14 separate geographical areas with a goal to award at least one grant in each of the designated areas. This 2014 grant year was the last year using this geographical area methodology.

Beginning October 1, 2014, DOR is instituting a new methodology to distribute OIB funding. DOR will now use the boundaries of the 58 counties of California as the geographical regions of service. Grant awards for each county will be determined by a formula based on the population of persons aged 55 and older residing in the county, along with the geographical size of the county. The exception is the eight unserved counties that will be designated as Capacity Building counties and given a flat rate of funding with the intent of reaching out to consumers and potential partner agencies about the OIB program and its services. Lastly, each agency that was awarded funds was also given a "base funding" of \$10,000 to ensure that all sub-grantees, regardless of the number of counties they serve, would have a reasonable base of funds from which to operate.

### **Outreach Efforts to Unserved and Underserved Populations**

Title VII, Chapter 2 sub-grantees are required to meet the State Plan for Independent Living (SPIL) outreach challenges by utilizing methodologies that help to ensure eligible consumers are aware of services and to focus upon unserved and underserved population groups.

The outreach challenges of the 16 sub-grantees to identify local needs of sub-population groups within their geographic area have been met with innovative and effective strategies that included:

- providing translation services for non-English speaking populations;
- incorporating gender and ethnic appropriate ILS promotional information via various media: specialty publications, ethnic-specific print, television, radio and public service announcements;

- conducting ILS informational training to eye care medical specialists and physicians serving targeted population groups in underserved and unserved communities to increase referrals for services;
- conducting presentations at adult day health centers and health/social service organizations located in unserved and underserved communities;
- providing ILS information to organizations, agencies and businesses serving target populations;
- utilizing ‘senior mentors’ to orient and demonstrate non-visual skills to members of targeted population sub-groups living in residential facilities, attending health and disability fairs and participating in culturally-based social activities and support groups;
- hiring staff and recruiting volunteers who are representative of various cultures and languages of diverse populations, to identify and respond to service barriers (i.e., transportation, geography, cultural sensitivity, translation services, etc.); and
- distributing ILS information at faith-based organizations and establishments located in underserved and unserved diverse communities.

Most notably, four of California’s 16 sub-grantee agencies achieved a service record this year of having over 50% of their consumers among ethnic minorities. Two additional agencies are at or close to serving 40% minorities. The clients of these six sub-grantees together account for one-third of all the OIB consumers served in California. In particular, the two agencies in Riverside and San Bernardino Counties, Blindness Support Services, Incorporated (BSSI), and Community Access Center (CAC), are making concerted efforts to reach the Hispanic population of the diverse Inland Empire. Likewise, two agencies in the eastern San Francisco Bay, Lions Center for the Blind in Oakland and Lions Blind Center of Diablo Valley, are excelling at serving a whole range of underserved ethnic groups in their part of northern California.

Of all consumers served during the FFY 2013-14, sub-grantees averaged serving 31.2% ethnic minority consumers. This was only a slight decrease from the 32.3% from the prior reporting year. One reason for the consistent services to underserved/ unserved populations is sub-grantees’ employment of 66 staff members taken from California’s diverse ethnic and language population groups. Below is a breakdown of the diversity of the consumers served by sub-grantee agency including agency location and counties served:

#### FFY 2013-14 Sub-grantees

##### Agency Non-white percentage Location Counties Served

Blind and Visually Impaired Center of Monterey County 18% Monterey Monterey

Blindness Support Services 53.5% Riverside Riverside, San Bernardino

The Center for the Partially Sighted 40% Culver City Los Angeles, Santa Barbara, Ventura

Community Access Center 58% Riverside Riverside

Dayle McIntosh Center for the Disabled 32% Garden Grove Orange

Earle Baum Center 6.3% Santa Rosa Sonoma, Napa, Lake, Mendocino

Independent Living Services of Northern California 4% Chico Butte, Shasta, Tehama, Plumas

LightHouse for the Blind 27.5% San Francisco Marin, San Francisco, Solano, Humboldt, Del Norte

Lions Blind Center of Diablo Valley 55.5% Pittsburg Contra Costa

Lions Center for the Blind, Oakland 56% Oakland Contra Costa, Alameda

San Diego Center for the Blind 19% San Diego San Diego

Santa Clara Valley Blind Center 32.7% San Jose Santa Clara, San Mateo

Society for the Blind 18% Sacramento Sacramento, Butte

Valley Center for the Blind 38.5% Fresno San Joaquin, Fresno, Kern, Merced, Madera, Tulare, Kings, Mariposa

Vista Center for the Blind and Visually Impaired 26.5% Palo Alto Santa Clara, San Benito, Santa Cruz, Monterey

VTC Enterprises 10.5% Santa Maria Santa Barbara, San Luis Obispo

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

#### Collaborative Activities

All of the 16 sub-grantees have collaborative relationships with other organizations in their respective communities. The following quotes are a selection of unedited narratives submitted by California's OIB providers to describe some of the ways in which they use collaboration to further reach out into their communities.

#### The Center for the Partially Sighted

The Center provides in-service training to staff at senior centers, presentations to clients of community clinics, and collaborates with eye care professionals and community social service providers to coordinate care of older adults with low vision. We provide information in English and Spanish. During this reporting time frame, we participated in several health fairs at churches

and community clinics in low income areas. We also initiated a collaboration with the American Diabetes Association, Latino Project, to serve monolingual Spanish speakers with diabetes education that focused on eye health.

#### The Earle Baum Center

The EBC continues to be very active in facilitating classes and support groups throughout the counties of Sonoma, Napa, Lake and Mendocino while at the same time performing community outreach to various other organizations. This outreach could potentially be beneficial to our establishment and projected growth through the use of informational presentations, health and senior fairs, and walkabouts. Several scheduled tours of our facility for many individuals, groups, schools, and senior residential centers have taken place which allowed others to come and learn about the many products and/or training programs and services that we have to offer. We continue to work closely with various senior centers and other organizations to educate and bring awareness about our available classes and support groups offering literature on disorders of the eyes, causes, and solutions. Also, we strive to continue our efforts through our ambassador and mentorship programs that expand community awareness through eye care professional presentations, informational presentations, local optometrists, ophthalmologists, health facilities, radio stations, TV interviews, newspapers, and universities by way of information packets, brochures, and guest speaking engagements as well as creating a referral process for their clients to attend our various groups and classes. Lastly, we mail out a quarterly newsletters to our current clients, former clients, doctor's offices, current and prior donors, and interested parties.

#### Lions Center for the Blind, Oakland

We have partnered with the Unity Council to provide Title VII low vision support group classes where Spanish speaking seniors participated from three senior housing developments and a senior center. Another site where we have reached out is at the St. Paul Towers, where many low vision seniors have attended our monthly classes on ILS. At these sites we also provided low vision referrals, interpreter services with the Optometrists, and distributed AT equipment.

#### San Diego Center for the Blind

The Center regularly employs a variety of methods to collaborate and expand services to those in need in San Diego. One standard method is incorporated into our regular programming. Speakers from a variety of community services are brought in as part of the Resource Information for the Blind class. This class helps to inform our clients of the resources available to them as well as introducing those agencies to our clients, thus facilitating that connection. Additionally, the Center has continued its relationship with Alliant University and San Diego State University by providing placement for social work, rehabilitation counseling, pre-doc and post-doc interns. Many of these interns have pursued careers in the field of vision rehabilitation following their intern experience at the Center.

#### Community Awareness

All of the 16 sub-grantees participate in community awareness events in their respective communities. The following quotes are a selection of unedited narratives submitted by California's OIB providers to describe some of the manifold ways in which they speak to and make their community aware of the services available to and the unique needs of seniors who are blind or visually impaired.

#### VTC Enterprises

VTC Enterprises assists monthly with an Assistive Technology Group which focuses on accessibility for the blind and visually impaired which includes nine OIB participants, their family, and friends. The group is self-run with provider assistance and guidance. This quarter we gave a tour to our local Rotary Club showing them all the services VTC offers. The audience enjoyed hearing about our services. VTC had a strong presence and won second place in the Elks Rodeo Queen Candidate Competition. Winners are determined by the best marketing and fundraising. We marketed all of our programs. Additionally, we also had booths at three other major central coast events including the Central Coast Wine Classic, the Grapes and Grains Festival, and the Chamber of Commerce Trade Show.

#### San Diego Center for the Blind

San Diego Center staff speak as often as possible to the general public regarding the loss of vision, and the services available, through Title 7 Chapter 2. Speeches during this time period include: Mueller College, The San Diego Forum, Escondido Senior Citizens Center, Las Villas de Carlsbad, Lake San Marcos Kiwanis Club, Palomar College Nursing Students, Dave Roberts on the County Board of Supervisors and an in-house Seminar for health care providers, family, and friends of our clients at both of our locations (San Diego and Vista). Two Staff Members are also members of the Fall Prevention Task Force and one Staff Member is a representative for the East County Senior Service Providers.

#### Blindness Support Services

Blindness Support Services has been reaching out to find service providers for the low-income which includes many seniors. We have had speakers on subjects such as electricity costs, health insurance costs, low income housing as well as safety in the home at events which were well attended. Being a member of the local Disability Committee is also helping us to reach seniors. All activities including the yearly EXPO, which we participated in, brought us new consumers. Our continuing Peer Support Groups in both Spanish & English are growing in attendance. A Descriptive Movie Day has been added to activities available to consumers and friends at our office. This is an effort to help blind seniors understand that they can go to the movie theater and have a movie described in detail for their enjoyment. Our ongoing relationship with The Janet Goetske Senior Center has also continually brought new seniors who join them and find out about the services we offer. Presentations are made there yearly which help local seniors learn of our existence.

The DOR continues to provide technical assistance and consultation to sub-grantees on strategic planning of delivery of comprehensive ILS.



C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

Sub-grantee agencies report quarterly on program outcomes. The evaluation of the reporting requirements for OIB is an in-house program evaluation activity. Careful documentation of service provision and consumer outcomes helps measure performance and effectiveness, and it identifies technical assistance needs. Furthermore, the evaluations augment accountability, strengthen quality assurance, and identify where program policy revisions are needed. The evaluation process includes all components of the data collection requirements established by RSA.

Below are a few examples of sub-grantees' unedited narrative reports on their evaluations.

#### VTC Enterprises

Since October 2013, individuals receiving ILS services met 82% of personal objectives; this represents 368 tasks that can now be performed independently. Since April 2013, 34 of 35 people who responded to our satisfaction survey for the Low Vision Program were satisfied with services; 35 felt it improved their Quality of Life; 33 are still using the equipment that they received; and 30 are using the training. When asked to comment about services, one individual responded, "Paul has gone out of his way to be so helpful." Regarding equipment, another individual responded, "I couldn't manage without it. Appreciate it."— (Only 1 person was discharged in the last 6 months and they met 2 out of 2 goals)

#### The Center for the Partially Sighted

In order to assess optometric services, post hoc phone interviews were conducted. Clients were questioned about the quality, helpfulness, and timeliness of the services provided by The Center. Overall, our clients were very pleased with the services provided. Each question had a mean rating over "4" (out of 5), indicating satisfaction with our services. Clients were also asked if they felt as though they have greater control or confidence in maintaining their current living situation because of the services provided by the Center. Eighty-four percent responded with a "4" or "5" to this question. At the end of each interview, clients were also given the opportunity to provide their own feedback. Clients have commented on more than one occasion that they liked that the optometrists explained things in a way that they could understand and demonstrated visual aids. Many clients commented on the usefulness of their low vision aids in viewing things such as television, books, and medicine labels. In addition, clients' skills were assessed before and after training for each of the four rehabilitation services that are provided by The Center (Independent Living training, Diabetes Management, Low-Vision/Lighting training, and Orientation and Mobility training). Each area showed significant improvement in mean scores after training with one of our instructors. Ninety-six percent of these clients reported being able to better complete everyday activities due to their training. In fact, 76% reported using the skills that they learned on a daily basis. Furthermore, most individuals were very appreciative of their instructor. Specific comments regarding the instructors included they were very patient and suggested strategies that the client had not considered before.

## Blindness Support Services

Each client has a file set up that outlines the services needed and the status of the final outcome when it is closed. The clients are asked if the services have met their needs and if they are able to use the tools provided to improve their lives. To date we have had very happy and satisfied clients. If there is something they feel needs more attention we address it before closing the file. Our file is marked if the client has greater control, less control, or if they remain the same after receiving services from BSS.

## Santa Clara Valley Blind Center

Santa Clara Valley Blind Center regularly conducts 30 and 90 day evaluations on clients. 30 day evaluations are performed 30 days after the beginning of the fiscal year and 30 days after a new client has joined our Center for services. 90 day evaluations follow 30 days and helps the Center identify improvement in adjustment to vision loss, improved socialization, increased activity level, increased knowledge of community resources, and an increase in sense of independence.

Based on the 30 day evaluations:

- 22 new clients were enrolled in services at the agency during the 1st and 2nd Quarter
- 19 were evaluated, 3 had not yet reached the thirty day marker for evaluations
- 8 of the new clients were not enrolled in services at the time of the survey
- Of the 8 not enrolled, three were dealing with personal issues, two were unable to participate due to other health issues, one was in a nursing home at the time of intake, and two declined services from the center at this time
- 19 believed that course materials or instructions regarding services were clear and effective for them

As a result of the survey, 100% are pleased with the responsiveness and attention of the staff. Fifty percent (50%) were involved in programs or services within the initial thirty day period.

Based on the 90 day evaluations:

- 40 clients were evaluated in Quarter 2
- 40 thought the services were good
- 40 thought the program and course instructions were clear & effective
- 36 responded that they are more confident
- 4 responded that they feel the same confidence in their activities as before

- Of the 4 response to “same,” it was due to reasons other than their vision loss

As a result, 90% felt more confident since receiving rehabilitative services through TVII.

#### San Diego Center for the Blind

The Center routinely administers the AVL (Adjustment to Vision Loss) scale designed by the Lighthouse for the Blind in New York as a pre-test in addition to the Burns Depression and Anxiety scales. Results from these pre and post tests have confirmed our research that approximately three months after entering our program/services, our clients will experience an increase in depression, which rebounds to a significant decrease after the initial three months. Our Ph.D. Psychologist theorizes that upon entering the program, clients are faced with the reality of their loss which results in a rise in depression and anxiety before gaining skills and coping techniques which leads to general improvement thereafter.

Client Satisfaction surveys, copies of which have previously been submitted, are administered by our student interns to a random 50% of the clients receiving services under Title 7 Chapter 2 at random times, some during programming, some after services. Results from this survey show a satisfaction rating of 96%.

#### Dayle McIntosh Center

Each OIB Participant is provided the opportunity to express satisfaction with services twice in their service period. The first is within 90 days of assessment to ensure that all of the consumers needs are being met. The second is provided when the consumer's case is closed. The satisfaction survey was mailed to 115 OIB consumers with a return rate of 26%. Each consumer is provided the opportunity to decline being surveyed at the time of intake; this fiscal year 17 opted out of being surveyed. Consumers also have the option of completing the survey over the phone or a mailed paper version. Survey results indicated 93% of consumers experienced functional gains or successfully restored or maintained functional ability to engage in life activities as a result of training.

D. Briefly describe the impact of the Title VII-Chapter 2 program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).

Below are a few examples of sub-grantees' unedited narrative reports on their consumers.

#### Blindness Support Services

Watching a client come out of his/her shell and become active with other individuals who are having the same type of visual challenges is very rewarding. One particular client was so loved and sheltered by her family that she felt useless. After training, she is now taking the fixed route bus to come to the office to participate in support group, braille club, and all activities we offer.

She has stated that she feels useful and able to contribute to her family again. The needle threading kit has enabled her to thread a needle and hand stitch buttons and small things which she had done all her life. The large print calendar with space to write lets her write appointments that are big enough to read. The magnifier has helped her read small print again, and she loves to read. Learning how to mark liquid bottles with bands and bump dots gives her independence to complete small chores safely. She stated, "My life is not so bad with the help of the tools and training. I feel good because I can still be useful."

#### The Center for the Partially Sighted

Mr. R. is a 102 year old man who is legally blind due to macular degeneration. He is living in an assisted living facility and has help four hours every day. He was interested in getting around safely within the facility and wanted to read the newspaper. His daughter is concerned about his safety as he has fallen recently. The Center's optometrist evaluated Mr. R's vision and found that he would benefit from high-add bifocals, an illuminated magnifier, and improved lighting. He was then referred to the one of our Center's Rehabilitation Specialists and Orientation and Mobility Instructors. Both visited him at his facility to evaluate his needs. The Rehabilitation Specialist helped him use his glasses, magnifier and a special lamp to read large print. When this was insufficient for reading the newspaper, she informed him of on-line news that can be enlarged and accessed with the speech function. The Center's Orientation and Mobility Specialist provided him with instruction for moving safely with a 4-wheeled walker, fall avoidance and the use of scanning techniques. His daughter was informed of the results of the training and both felt he was safer and more independent as a result of the low vision devices and the training he received.

#### Dayle McIntosh Center for the Disabled

In July of this year, our Center's Aging with Vision Loss Program (AVL) provided services to a 62 year old African American female. She is dealing with a visual impairment due to retinitis pigmentosa, and she lives in the city of Long Beach. The consumer learned of the AVL program through her friend and fellow consumer in the AVL. The consumer received an in-home appointment to initiate services, and was introduced to the many techniques and assistive technology devices available to people with vision loss. A mobility cane, signature guide, and talking keychain clock were demonstrated and issued to the consumer. She expressed gratitude and joy for her regained independence, made possible by the AVL Program and OIB funds.

#### Dayle McIntosh Center for the Disabled

Another instance in which services rendered contributed directly to the increased independence and quality of life for a consumer can be seen in the month of August. Services were provided to a new consumer in the city of Santa Ana. The consumer is a 66 year old Hispanic male whose primary language is Spanish. His vision loss is due to diabetic retinopathy, and he is dealing with multiple health conditions/disabilities which include hearing loss and diabetes. The consumer requested assistance with obtaining adaptive diabetic equipment training. The ILS Counselor provided hands-on training on some assistive technology devices such as the use of the Prodigy Auto Code talking glucometer. Instruction included an orientation to the talking glucometer, an

explanation on the functions of the device, and the process of using the glide technique in order to locate the blood without sight. The ILS Counselor also provided OIB related referrals to help him with low vision related needs. For example, the consumer was referred to the Braille Institute in order to obtain orientation and mobility instruction in learning how to use a long, white mobility cane. Besides referrals, the consumer has received 5.5 hours of direct services in the fourth quarter. The services provided to him have been in the areas of adaptive diabetic equipment training, provision of assistive technology devices, information and referral, and peer support. The consumer has set two goals at the initial appointment, and both goals are currently in progress. The consumer stated that the information provided to him during the in-home visit was very helpful to him and his family.

#### Lions Center for the Blind, Oakland

Recently, our agency, in collaboration with the Unity Council, a non-profit community development corporation committed to enriching the quality of life of families primarily in the Fruitvale District of Oakland, led a group of Spanish speaking low income seniors (55+) with Mild to Moderate visual impairments to the Low Vision Clinic at UC Berkeley. The exams were about two hours in duration and at no cost to the seniors. A shuttle service supplied by the Unity Council was arranged to pick up and return the seniors to their senior housing communities in East Oakland. The exams were very thorough and conducted by specially trained residents of the UC Berkeley school of Optometry. The seniors were able to gain insight and knowledge regarding their visual diagnosis, test hand-held and spectacle-mounted optical systems for distance and near activities and devices to compensate for peripheral vision loss. They also learned about various magnification devices and acquired knowledge about rehabilitation services, support group programs, contrast enhancement techniques and lighting options. One senior received a new lens prescription and a pair of glare tints while another received glare tints and a 3x magnifier.

#### Lions Center for the Blind, Oakland

A recent Title VII client, at our first meeting, stated that he had been reduced to “giving up” all that had been important in his life (especially musical performances) due to gradual vision loss. ‘Once I could see people enjoy my music, now I can’t even get out of the house’. I assured him that vision loss is not the end – just different. After this client received a Mobility Cane regimen of training, he has approached me to participate in a concert he has scheduled at an exclusive venue in a near-by city.

#### Santa Clara Valley Blind Center

One client came to our center upon the suggestion of her psychiatrist. She was getting very depressed because her eyesight was becoming progressively and quickly worse. During intake it was evident the emotional toll her vision loss was having on her. We were able to get her quickly involved with various activities at the center including a walking group, bowling group and our Wednesday client day where she has made friends and has attended support groups. Her spirits have lifted and she is now excited about the possibilities life has for her in spite of her vision loss.

Another one of our clients recently phoned when he needed a minor repair for the CCTV he rents from the center. When staff visited with him they also assessed how he was doing as he does not participate in other activities at the center. He expressed his thanks for being able to have a CCTV in his home as he uses it all day long to keep himself busy. He uses it to read the newspaper, to read mail and to do crosswords and word search puzzles. He calls it his "lifeline" to remaining independent.

#### LightHouse for the Blind

S.T. is a 59 year-old woman from Marin County, with vision loss due to Stargardt's. Over the past 2 years she has had a Low Vision Evaluation, taken our Changed Vision Changed Lives (CVCL) group training class, technology training, as well as the CVCL Immersion training in Napa. She contacted us again in July 2014 for additional Orientation and Mobility Training, to prepare herself for a trip to Yosemite. The goal was to travel safely and efficiently on trails in Yosemite. Our strategy was to practice on local trails, using a variety of techniques. S.T. learned to use a combination of long white cane with a ball tip, hiking poles, and human guide. In the end, she decided to use the long cane with ball tip on dirt and rocky trails, and used the hiking poles with a human guide on steep or uneven paths. She learned how to distinguish among dirt, rock, bushes, dry and fresh grass, and drop-offs with her long cane. We also worked on orientation skills - planning ahead of time, exploring maps, and identifying landmarks using all her senses. In early September 2014, she successfully completed her trip to Yosemite, and felt confident and comfortable.

#### Society for the Blind

Sharon first contacted Society for the Blind in May of this year. She had been losing vision due to Glaucoma for the last 4 years, with the rate of loss accelerating more recently. Sharon was in the process of starting a second career running her own small business, had recently remarried, and was overwhelmed with fear and apprehension of how her vision loss might jeopardize these new life opportunities. Sharon attended a Senior Retreat in August 2014, and found it to be a transformative experience. She learned techniques that will help her to continue to grow her business, and to empower her to continue to function independently, and not become overly dependent on her spouse, as she had feared might happen. Most importantly, Sharon acknowledged that she had overcome her fear and apprehension, and replaced it with confidence in her abilities to continue to live fully and productively in her new business and marriage.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

Of the 16 sub-grant agencies receiving OIB funding, 8 have no problems or concerns to report.

#### Blindness Support Services

There are no major problems implementing the program. Because there are so many scams and individuals trying to gain entry to homes for ulterior motives, some people are reluctant to allow

us in their home without a good referral. We are careful to identify ourselves with name badges, business cards and numbers they can call to verify staff and the services we offer.

### The Center for the Partially Sighted

The association of vision loss with the development of other health care issues is not widely recognized. Falls, medication mismanagement, poor diet, reduced exercise and isolation/depression resulting from impaired vision can be alleviated by comprehensive low vision services, but access is limited. In California, the elimination of optical devices from Medicaid coverage and the reduction in payment levels creates an added burden for Medicare/Medicaid beneficiaries. Medicare coverage also does not include rehabilitation services by rehabilitation specialists, orientation mobility specialists or low vision therapists, nor do they include optical and electronic devices under covered durable medical equipment. As a result, older adults with limited resources have only OIB funding to rely on, and even this funding is facing threats of cutbacks. The need will only continue to outpace the availability with the aging of the population and the increase in diabetes related vision loss, especially in areas with large populations of Latinos and African Americans and others with limited access to healthcare.

### LightHouse for the Blind

The Specialist who started the North Coast Program in 2000 will be leaving the LightHouse in October, 2014. While we are thrilled to see what she does next, the North Coast blind and low vision community will be losing an amazing teacher and advocate. While she leaves a void of her strengths in low vision, she has also connected to the LightHouse a long-time resident of Humboldt County who is low vision and comes to the LightHouse as an Access Technology Specialist with experience in providing low vision and basic daily living skills support. Juliannah will begin to work hourly with the LightHouse mid November 2014. There is always concern when areas such as the North Coast loses a key staff, as 'replacing' is not a true option due to the location. However, we find that we are fortunate with dedicated staff that make great connections in the community to ensure persons who are blind and low vision are provided the training and support they deserve.

Working with other centers in understanding how to meet the needs of hard of hearing and blind seniors as well as providing services to deaf-blind seniors: while the LightHouse has taken a lead in ensuring staff training and access to clients, it is important that agencies throughout California understand their responsibility in recognizing and training OIB seniors who have a dual sensory loss.

As we go into the next grant year we look forward to hiring a staff person dedicated to data collection and reporting for all of our services and grants. We unfortunately have been very administratively challenged with support. However, we will be changing this in the New Year with a new hire!

### Society for the Blind

One challenge Society for the Blind faces in serving Sacramento, Chico and Mount Diablo is the large geographic area these regions encompass. There are many blind and low vision seniors within this area who are either unserved or underserved as a result of their residing far from available services. Society for the Blind works to address the needs of these individuals by extending outreach efforts to far flung communities and attempting to organize training event that serve groups of seniors large enough to justify the time and resources necessary to serve communities many hours driving distance from Sacramento.

Linguistic and cultural differences also present challenges to serving blind and low vision seniors from ethnic minority groups. Outreach efforts to these seniors require engaging the services of translators to facilitate communications between service providers and potential clients. Also, time and effort must be given to establishing relationships that engender trust in service providers and willingness among blind and low vision seniors from ethnic minority groups to step outside the familiarity of their communities to receive beneficial services. Overcoming cultural beliefs that discourage full participation of blind and low vision seniors in many activities is one of the greater challenges faced in providing services to these individuals.

#### Lions Center for the Blind, Oakland

With a shortage of state-wide certified O&M and AT instructors, we were unable to fully utilize the instructor budget. In addition to our customary employee search tools, we have hired a human resource specialist, but these attempts confirmed the shortage.

#### Valley Center for the Blind

Transportation is one of the challenges that VCB is facing. If we could find a better facility to move to, then we could serve more potential clients and obtain more volunteers to assist us.

#### Vista Center for the Blind and Visually Impaired

Due to lack of funding it is difficult to keep current programs going as well as create any new programs. With the upcoming cut in Title VII funding it makes it even harder to continue to provide the same level of quality services to the growing amount of low vision people.

#### VTC Enterprises

Title VII funds alone are not sufficient to provide services to all who need it in all three counties. The provider who takes on this project must continue to look for alternative funding for both support staff and direct services. The spread-out geographical area makes delivering cost-effective, personal services difficult. Group services are difficult to provide due to transportation costs and the variety of transportation services in each community.

## **Official Certification**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the



purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Authorized Certifying Official Signature:

/s/ (Joe Xavier)

Date signed: 12/29/2014

A hard copy of the report has been printed and signed and is retained in the grantees' files and is available upon request. See 2 CFR 200.415.

The signature was recorded by Christopher Gist on 12/29/2014 at 5:15 PM